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INTERACTIONIST THEORY, HUMAN BEHAVIOR  
SOCIAL WORK AND SOCIAL WORK EDUCATION

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Much explanation of human behavior is based on assumptions about animal behavior. Two major contemporary theories, Behaviorism and Freudianism place major emphasis upon the human being as animal. Many middle-level theories have no reference to man's distinctive social characteristics. However, social explanations of behavior do have a heuristic advantage in the study of human functioning and "social pathology."

Symbolic interaction theory operates on the assumption that man lives in a symbolic environment as well as in a physical (animal) environment. Symbolic learning emanates from the social processes men experience. Symbols represent personal meanings, values and associated feelings.

In symbolic communication, one person, seeking to elicit specific behavior from another, selects a symbol from his "library." The individual believes that he has chosen the one symbol likely to create the desired behavior. He encodes the symbol into a "signal" and broadcasts the signal by some means of communication. He may use speech, writing, or some non-verbal act, and he may not broadcast the signal perfectly.

Then the receiver tries to decode the signal into a symbol, by retrieving what he thinks are the appropriate meanings and values. If the symbol has approximately the same meaning and value to both people, the desired action may occur. Because each person associates the symbol with his own meanings and values, which are based on his past social learning, much depends on whether both people have had similar past social learning.

"Meaning" refers to the way in which people actually use a particular term in their behavior. A "value" is a learned attraction or repulsion which the individual relates to a particular symbol or meaning. A "symbol" represents an incipient or telescoped act in which the later stages (involving elements of both meaning and value) are implied in the first stage.

People learn symbols by interacting with other people. We can view symbols as having common or shared meanings and values for most people in a society. This provides the society's "mainstream population" with a quality of "consensual validation," even though the

consensus of understandings is never complete. Mainstream people share many common norms and ideals. Norms are direct guides to positive acts or values. Ideals are what the individual says or believes he would like to do. Norms sometimes coincide with ideals. Even when ideals do not coincide with norms, they provide guides to behavior as "remote goals to be reached indirectly."

Much adult behavior is learned from symbolic communication of norms and ideals rather than from direct trial and error. A culture is an elaborate set of meanings and values tied to symbols and shared by others in society. Culture guides human behavior. By learning the culture, men are able to predict each other's behavior most of the time and to gauge their own behavior to the way they expect others to act. A society is possible only when common symbols and expectations exist.

However, a person does not act in predeterminable ways even though his actions are purposeful and voluntary. Each person acts according to his "definition of the situation." He has to interpret other people's behavior and to make a personal assessment of what is "right and proper" at the moment.

People interpret symbols emotionally as well as intellectually. When a person makes a rational, substantive "definition of the situation" he also makes an affective definition of the situation. Ideally, the affective definition deals primarily with deciphered meanings rather than feelings. The effective system can operate in one of a number of ways:

1. As a support of the rational analytic system
2. As a diversion from the rational analytic system
3. As opposition to the rational analytic system
4. As a neutral process

The way in which the emotional system operates can affect the way a person decides to behave, the sharpness of his perception, the way he chooses to decode other people's signals, and the success with which he chooses the symbols he transmits. So feelings are important because they can augment or impede a person's encoding and decoding abilities. People also use feelings when they decide what experiences and interactions to have in the future.

To the interactionist, social organization is the end product of behavior patterns which evolve from people's attempts to achieve goals. No two people define situations identically, and people are always re-interpreting their situations, so behavior is always changing.

Interactional "stabilities," which come from a shared culture,

give people a behavioral referent. From the interactionist view, a fully functional person is one with an adequate repertoire of roles, role behaviors, norms, symbols, and role equipment.

The fully functional person has tested these roles in experiences within the "mainstream" of societal interaction. In such a "competent" person the variety of symbols, meanings, values and other role equipment are adequate to secure a reasonable "fit" in communication with most other persons in his society. This "actor" has, thereby, earned so complete a sense of security in his role competence that he is able to balance a sense of personal autonomy with a countervailing sense of responsibility to others and society. This is what might be described as the most highly developed level of normative behavior.

The deviant, from the interactionist view, is someone with problems of communication and understanding. Interactionist theory defines deviance as more than an abnormality on the part of an individual or individuals. Instead it posits that failures of communication, past and present, cause the individual to construct a definition of the situation which is much different from other peoples' definitions of the situation. Such conflict of "definitions" is a product of the communications and understandings of more than one person. People become "more than animals" by a process of socialization which moves through psychogenic, blockage and word stages. In time a person gains a personal sense of "reality" which is established and maintained by the consensus of the groups which have meaning to him. "Objective reality" differs from "consensual reality" in that it is validated by accepted "experts" over a period of time. Learning occurs primarily in relation to significant others. The significant other is someone with whom the individual participates in role reciprocity. These significant others encourage and constrain each other's behavior through validation or non-validation of each other's acts. Only from a sense of congruity of meanings with significant others does one derive "social security." Therefore, the meanings used by significant others have strong affective or expressive significance, and define the intensity of relationships. The significant other serves as a model for the individual and helps shape the individual's self-concept. This self-concept is basic to self-esteem.

Developmentally, behavior precedes meanings and feelings. The individual's ability to communicate with himself enables him to consciously construct his behavior beyond rote performance. As the individual observes the behavior of others he arrives at hypotheses about the motives of others. Motives are a category of meanings. Continued consideration of other peoples' motives is a necessary process for social interaction. Interpreting other peoples' behavior helps the individual define who he is, and where he stands. In a sense, motives can be interpreted as rules or guidelines of interaction

and have been labeled "interactional hypotheses." These hypotheses can be either instrumental or terminal. Instrumental hypotheses make possible the mutual exploration of motives for the planning of future interactions. Terminal hypotheses interpret the behavior, meanings or feelings of others in such a way that interactions between the self and others are distorted, constrained or prevented. The individual who is unable to arrive at workable instrumental hypotheses, or who has learned distorted sets of symbols and meanings, or whose "creativity" produces meanings and values not understood by others will exhibit behavior considered deviant by the conventional society.

Let us consider the "operational reality" by which behavior is judged. The operational reality must enable individuals to predict what others will do, and to foresee the results of their own actions. It must contain a logical unity and be simple enough to be useful. It must have a self-correcting capacity. It must be fairly stable and upheld over time.

To understand behavior, we must also consider anxiety. Anxiety, as defined by Kelley, is the encountering of a situation for which there is no previous socialization. Anxiety is manifested in stress and discomfort. As socialization (that which the individual knows and accepts) interacts with anxiety, a struggle ensues between the two processes. Deviant behavior occurs when anxiety, rather than socialization, predominates in the individual's dynamics. When an individual commits behavior which the operational reality classifies as illegal, immoral, non-conformist or unanticipated, the behavior is considered deviant.

Interactionist societal theory holds that the nature of the transaction or confrontation is not as important as the meanings which people attach to their own actions and to the actions of others. A person does not act in a predeterminable way; his actions are purposeful and voluntary.

Thus, actions are not as much the result of exchange or of coercion, as they are the result of the individual's differing situation definitions.

It should be noted that a residual effect occurs when a person does not have an adequate repertoire of symbols, meanings, values and roles necessary to deal with a situation. In such instances he reverts to animal-like behavior and this is often evident in times of violence, aggression, or escape.

Among the various societal theories, interactionism is probably singular in its emphasis upon the mutual causality of communication difficulty and deviance. It takes two or more persons to create communication ineffectiveness. Functional deviance is a product of ineffective communication. According to this theory, such problems as non-somatic mental illness, mental retardation, neurosis, character

disorders, and difficult interpersonal relations can be traced to misperception, misinterpretation, mis-orientation, and inadequately provided and perceived socialization. (See Blumer 1967, Blumer 1969, Scheff, Glisnian, Hurwitz, Rose, Mannis, Melther, Dreitzel, Gordon and Gergen, Kuhn, Thomas, Berger and Luckman, Shibutani 1961, and Shibutani 1970.)

In the study of social work it is important to understand that the societal model one uses not only indicates choices of alternative interventions, but also sets up a series of definitions which are critically decisive for social work and its clients.

The model of society utilized by the social worker (and his teachers) strongly shapes the following:

1. Definition of the client and populations to be served
2. Definition of the most effective social work service and interventions
3. Definition of the social work task and its parameters
4. Definition of the nature of social problems
5. Definition of the most effective agency structure
6. Definition of the roles of the client, worker, client "others," agency, profession, etc.
7. Definition of the sanctioning authority and its degree of legitimization
8. The nature of "prognosis" for social work
9. The location of responsibility for the social work task in the society
10. Priorities for clienteles to be served, problems to be addressed, services to be rendered
11. Choice of the theoretical frameworks to be utilized in social work
12. The degree of objectivity sustained by the profession in the utilization of design and use of research measures of effectiveness

Because the model of society used largely defines the social work goal, it is easy to understand why social work professionals have difficulty determining what is effective service. Until the profession (and its teachers) agree on a societal definition, professionals will continue to be confused about what are the tasks at hand and whether those tasks are being accomplished.

Under the interactionist model, the deviant is one who is out of

communication with society and its subsystems. The client of social work, therefore, attaches meanings and value loadings to his own actions and the actions of others which are out of congruence with accepted meanings and value loadings. He is unable to, or does not desire to value interaction with the mainstream of society, so social conflict or social dysfunctionality occurs. Where the client presents a problem in his own functioning this can be viewed as inadequate interactional socialization and understanding. This can explain malfunctions. Where this occurs in groups, it can be related to incongruous understandings of role functions. Where it occurs between marginal groups and society, it can be laid to "deviant cultures," and to the gap in communication between them and the mainstream. Under this model of society, the social worker's role is one of clarifying meanings for those involved.

Social work's role under interactionist theory is focused on effecting or re-effecting communication between participants in social conflict, between the deviant cultures and the "mainstream," and among individuals and groups who create or perpetuate social problems by their differential understandings of symbols at issue. Thus, to help those who are alienated we should attempt to increase understanding of the definitions of realities held by the mainstream, in efforts to achieve some congruency of comprehension.

Other theories define social problems differently. Distorted, inappropriate behavior (and explanations of such behavior) might be labeled as mental illness of the individual by the "consensualist" social worker. Such behavior might be viewed as inadequate preparation for meaningful exchanges by the exchange theorist social worker. The same behavior might be viewed by the conflict theory social worker as coping mechanisms resorted to by a "loser" in what Laing designated as "family politics." Under interactionist theory such behavior (and the counterpart behavior of other members of the family) would be viewed as mutually aberrant distortions of reality involving a complex of interacting persons. In this sense, the interactionist view of such behavior is parallel to the views of Szasz, Rycroft and others. Social work's task, under interactionist theory, is to reduce incongruity of meanings to a minimum so that a commonly acceptable civilization, and a minimization of societal strain are gained. Since social structure is founded upon the commonality of meanings, community and human welfare is unattainable in a semantic and emotional "tower of babel." When almost everyone has distortions or bluntings of meanings, due to inexact communication, strains and problems proliferate.

Social work under interactionist theory cannot seek official authorization from the society. Unlike psychotherapeutic services and probation programs, it cannot serve as an officially chosen instrument of social control. The rationale for this is related to the fact that interactionist service is a "bridge" service. If the

social work service takes its authority from the society, it commits itself to accept only those definitions of meaning, valuation, etc. which are established by the mainstream. Under publicly sponsored circumstances such services would amount to nothing more than a public relations service or a one-sided interpretive office rather than a communication effectuator. Social work under interactionist theory must accept responsibility for the broader conceptualization of society, which includes not only the mainstream but also all of those "out of phase" with the mainstream. This makes of the social worker a post-conventional man - someone who owes allegiance to authority beyond the official state, the consensus and the contemporary social structure. The worker may serve the contemporary society but his responsibility goes beyond it.

From the symbolic interactionist view, "social pathology" and social deviance may be considered to be results of dysfunctional or skewed early social learning. Society defines mental disturbances as anything so labeled by psychiatrists. Psychiatrists and related professionals, according to Szasz and others, base their determination of mental disorder on the degree to which the acts of a person do not coincide with societal norms. Symbolic interaction does not presume that mental disorder is anything more than the product of the social experiences of a person. It does not establish diagnostic positions but instead views all human patterns of acting as part of a spectrum of behavior. It provides opportunity for research-oriented study of "mental disorder," without requiring acceptance of preconceived, untestable paradigms such as unconscious or libidinal forces. Finally, it provides for a social explanation of such disorders.

The adoption of a social (non-disease) explanation of mental disorder would deny society opportunities to transfer responsibility from itself to the medical establishment. It would deny the medical establishment the opportunity to perpetuate "treatment" programs for which no evidence of effectiveness exists. It would provide opportunity to view unqualified parenthood as a potentially iatrogenic process from which mental disturbances are predictable. It would provide opportunities for study of professionalisms and institutions which are potential spawning grounds for such disturbances. Finally, it shifts the emphasis of treatment from clinical focus on the patient to the developmental environmental and social context of the disturbance.

Symbolic interaction is not a new postulation in sociology. Its application to the field of mental and emotional disorders is, however, yet to be tested.



## A Symbolic Interaction Typology of Deviance

### Case #1 - The Non-Deviant Mainstream Member

The actor behaves in a manner which conforms with the expectations for him held by "others" in the social mainstream. The actor has been reared to perceive events with a minimum of emotional skewing. He receives, decodes, and records events with a general clarity of meaning and with minimal emotional disturbances of rational processes. Other actors perceive events in a similar manner, and in their interaction with the actor, mutually held meanings with neutral value loadings and feelings are shared. Where perceptions are not completely congruent they are resolved by mutual discussion.

### Case #2 - The Member of a Deviant Culture

The actor and his peers value themselves highly. They have a strong sense of group cohesion because they share a point of view and a sense of worth. They screen out perceptions which will lower mutual esteem. Thus, people who associate only with each other, and who protect themselves from contact with the incongruity of outside "inputs" develop an increased uniformity of perception. The closed communication network insures that the groups' meanings for symbols and their likes and dislikes develop an almost perfect "match." Their definitions of reality increasingly deviate from that of the "mainstream." Their definitions of "self" and their "worth" (value loading) also deviates from the "mainstream's" definition of them and their "worth." Their norms and symbols become highly idiosyncratic and ultimately unrelated to "larger realities."

When individuals in such a closed clique or peer culture experience "social pathology" it is likely to be related to a conflict of cultures between "the establishment" (the agent of the mainstream) and the deviant culture. This conflict can occur on individual and on group levels.

### Case #3 - "Paranoid"

The actor has developed his elementary meanings and values in an atmosphere where they have been distorted by this significant others or have been distortedly perceived by him.

The actor perceives events with a different value loading than other people use. Events which might "threaten" other people do not make him feel threatened. Events which might please or reassure other people may be threatening to him. It does not matter whether the threat or support "really" exists. His perception, his situation definition is so different from those of the "others" that others cannot understand his behavior and they label him paranoid.

#### Case #4 - "Mental Illness" general

The actor perceives events with meanings or conceptual content much different than the "mainstream's," so his "situation definitions" are different. This becomes evident in interpersonal conflicts when other people's situation definitions prevail, the actor is viewed as mentally deviant.

The actor becomes isolated from the others because he experiences less group-validated communication, he depends more upon his own subjective validation of all events, until his definition of reality is completely different from other people's. At some point along the path of communication deterioration, mental illness is diagnosed.

#### Case #5 - An Iatrogenic "Disease" of Communication

The actor (as described in Case #4) is unable to have his definitions of events and their meanings accepted. When the resulting interpersonal difficulties arise he is committed to some institution as "mentally ill." A definition of his condition is forced upon him by others around him. In the institution, he is pressed to reaffirm a definition of his condition as "illness." In the process the actor loses some of his accumulated validations that had made him consider himself a valuable person in touch with reality. This makes the actor more malleable and he becomes "institutionalized." He enters into behavior more related to institutional needs than to the realities of the world beyond the institution. Thus the actor focuses upon symbols and norms which have meanings particular to the institution and which have no relevance to the actor's world outside the institution. Because persons with lower levels of external value validation act as expected by others who have higher self-value validation, we observe a "self-fulfilling prophecy" condition. The actor's definition of reality becomes dichotomized. He has one set of behaviors and beliefs related to the others about him and another set of behaviors and beliefs which he reserves to himself. He does not present his personal beliefs and behaviors to others for evaluation or "testing." When this occurs, it can be viewed as autism.

#### Case #6 - Neurosis

The actor's perceptions are not sufficiently congruent to those of the others about him. This lack of congruence may be caused by emotional "skewing" by cultural differences, or by experiences which yield non-standard meanings and contents. The actor's security of self is limited because he receives little validation from others. The disparity between the actor's perceptions and those of the others is not great enough to cause a complete breakdown of relationships or ejection from the circle of others, but it does cause interpersonal

strains which lead others to class him as psychoneurotic. Usually the neurotic is a victim of cognitive dissonance. He is drawn almost equally to two opposing positions.

The therapist may advise the client to reshape his definitions to match those of the others, or may suggest to the client that he subdue his differences of definitions with the others. His perceptions are being remade. On the other hand, the therapist may support the client's perceptions, based on the therapist's own congruent perceptions, thus validating the client's definitions of reality. Then the client is able to devalue the reports of others and retain his autonomy.

The therapist thus becomes an interpreter of meanings. Such interpretation is a continuing process, until the actor learns to arrive at his own redefinitions. If the actor continues to rely upon the therapist for definitions indefinitely the psychotherapeutic process serves as a prosthetic device.

#### Case #7 - The "Character Disorder"

The actor's "significant others" have a definition of reality which differs widely from that of the mainstream of society. Or, he may misunderstand what his significant others do, and think that they differ from the mainstream when they do not. In either case, when he encounters the mainstream society, he confronts a set of symbols, meanings, norms, etc., to which he cannot conform. Character disordered persons have been called "moral idiots" because they do not understand the mainstream's definitions of what is right.

The actor will develop an entire complex of situational definitions which agree with neither his associate's nor the mainstream's, and his behavior will show this discrepancy. He will think that his actions are justified regardless of their "cost" to others. Because he has an entirely different set of "oughts" he seeks to reaffirm his view about himself rather than accepting other people's judgements.

This actor develops little feeling of mutual trust. (Trust is confidence that one's "significant others" will agree that what he does is right, and that he can count on them for backing.) His definition of a trust relationship never develops beyond one in which he simply receives materials, services, and special dispensations.

The character disordered person, especially the sociopath, has experienced little of an externally imposed value system, or he has not succeeded in internalizing such values. He depends primarily on values he learned as an infant, when his only role was to be "pleasured," satisfied, and relieved of tensions. Therefore the sociopathy seeks tension-reductive activities with few "rules of the game" to control how he secured gratification.

#### Case #8 - The Non-Somatically Damaged "Mental Retardate"

The actor is permitted to enter into activity with others beyond his own circle without an adequate preparation. His supply of symbols, valences and meanings and symbol sets (including roles, counter-roles and norms) is too small for him to be accepted as a societal actor, and he is also unable to build on what he has learned so far. He has already outgrown the chronological age when basic concepts are usually absorbed. This incapacity makes communication with others difficult because they think he is unable to exchange highly-developed concepts. Thus, non-somatic mental retardation is a communication dysfunction involving the individual and the others around him.

#### On clients in general

The social work view of the client, particularly of the undeveloped or neurotic client can be very destructive if mainstream meanings are imposed, and creative and autonomous meanings are devalued, in the relationship. Similarly, the post-conventional client whose value systems go beyond mainstream interpretations can be supported or repressed by the values and meanings interpreted by the social worker as appropriate and acceptable. Social workers must remember that the mainstream seeks to discipline, often without reason, not only those who fall below the established norms but also those who excel beyond them. Deviance is not necessarily a matter of client change; it may instead indicate a requirement for change in the client environment or in mainstream meanings. A mainstream which is over-dominant can be uncomfortably oppressive. Conversely, a mainstream which is too diffuse provides an inadequate basis for communication and civilization.

The cases described above represent most of the types of "social pathology." Note that each of the clusters of deviant populations is marginal to the mainstream's operational culture. The deviants are socially distant from the mainstream, and interaction between them and the mainstream is minimal. Deviant cultures are usually dependent for material support on the mainstream despite their lack of mutual communication.

Thus, individuals who are excluded, either by themselves, or by the mainstream, are relegated to a "trade-off" relationship with the mainstream. They receive limited benefits, but they relinquish contact and participation with the mainstream. Because marginal people have fewer chances to interact with mainstream people, they and their children have even less chance to rejoin the mainstream. Thus excluded, many people develop separationist coping mechanisms to deal with fears, stress and feelings of inadequacy. Often the coping mechanisms make communication even less likely, so the problem grows worse.

Thus, they and their children build a life pattern which constantly

minimizes their opportunities to rejoin the mainstream and the problem is aggravated by reproduction.

Over and beyond its explanation of the deviance of the non-mainstream, symbolic interaction theory is highly heuristic in the understanding and analysis of problems and social conflicts frequently encountered in social work. Symbolic interaction theory explains status inconsistency, cognitive dissonance and role confusion. Eventually, this theory may provide models of differential dysfunctional interaction scripts and resolution mechanisms for such problems.

Thus, symbolic interaction theory provides a model for explaining social and individual dynamics, so that a rational plan, rather than a mythology, can become the basis for appropriate treatment planning. This theory also provides an understanding of the total communication process which can become a basis for analysis of the problems of social work. By giving common definitions of the nature of social problems and of treatment goals and methods, this theory provides increased meaning for the profession as an integration of knowledge and practice.

In the process, symbolic interaction provides social work education with a more effective approach to the teaching of social work.

#### REFERENCES

- Berger, Peter and T. Luckman, The Social Construction of Reality, Doubleday, New York, 1966.
- Blumer, Herbert, Symbolic Interactionism: Perspectives and Method, Prentice-Hall, Englewood Cliffs, New Jersey, 1969.
- \_\_\_\_\_, "Society as Symbolic Interaction," in Jerome G. Mannis and Bernard M. Meltzer, Eds., Symbolic Interaction: A Reader in Social Psychology, Allyn and Bacon, Boston, 1967.
- Dreitzel, Hans Peter (ed.) Recent Sociology, Patterns of Communicative Behavior, MacMillan, New York, 1970.
- Gilsinian, James F., "Symbolic Interaction and Ethno Methodology: A Comparison," paper presented at Rocky Mountain Social Sciences Association, Salt Lake City, 1972, (Dept. of Sociology, Regis College, Denver, Colorado).
- Gordon, Chad and Kenneth J. Gergen, The Self in Social Interaction, John Wiley, New York, 1968.
- Hurwitz, Nathan, "Symbolic Interactionism: A Social Psychological Theory for Marriage and Family Counseling," Proceedings, American Psychological Association, 1972, pp. 853-854.
- Kelley, George, The Psychology of Personal Constructs, Vol. 1, W.W. Norton Co., New York, 1955, pp. 14-15.
- Kuhn, Manford H., "Major Trends in Symbolic Interaction Theory in One Past 25 Years," Sociological Quarterly, Winter, 1964, 5, pp.61-84.
- Mannis, Jerome and Bernard Meltzer, Eds., Symbolic Interaction: A Reader in Social Psychology, Allyn and Bacon, Boston, 1967.
- Rose, Arnold, Human Behavior and Social Processes, Houghton Mifflin, Boston, 1962.
- Scheff, Thomas J., "Toward a Sociological Model of Consensus," American Sociological Review, 1967, Vol. 32, pp. 32-46.

Shibutani, Tamotsu, Society and Personality: An Interactionist Approach to Social Psychology, Prentice-Hall, Englewood Cliffs, New Jersey, 1970.

Szasz, T., "The Myth of Mental Illness," American Psychologist, Vol. 15, February, 1960, pp. 113-118.

\_\_\_\_\_, Law, Liberty, and Psychiatry, MacMillan, New York, 1963.